

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	<i>[Signature]</i>	<i>[Signature]</i>	<i>1/30</i>
FORMALITY REVIEW	<i>E.T.</i>	<i>926</i>	<i>02-15-01</i>
RESPONSE FORMALITY REVIEW	<i>TZ</i>	<i>947</i>	<i>02/27/01</i>

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 :- ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	<i>6/23/04</i>
2	✓
3	✓
4	✓
5	✓
6	✓
7	✓
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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